

CAPF 7T Tow Flight Consolidation Report

Section I

Flight Release Number (If Applicable)		Tow Plane Tail Number		173-3 Type	Flight Date (MM/DD/YY)	
<input type="text"/>		<input type="text"/>		<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	
Location	Pilot CAPID (If Applicable)		Total Fuel/Oil Receipts		Tow Charge	
<input type="text"/>	<input type="text"/>		\$ <input type="text"/>		\$ <input type="text"/>	
Total Ferry Time	Total Flight Time	Total Glider Tows		Engine		
<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="checkbox"/> Normally Aspirated <input type="checkbox"/> Turbocharged		
Owner		Tow Type				
<input type="checkbox"/> Corporate <input type="checkbox"/> Military		<input type="checkbox"/> CAP <input type="checkbox"/> Non CAP				
<input type="checkbox"/> Mbr Furnished <input type="checkbox"/> Non CAP		<input type="checkbox"/> Ground				

Section II

	Glider Tail Number	Altitude
Sortie	<input type="text"/>	<input type="text"/>
Sortie	<input type="text"/>	<input type="text"/>
Sortie	<input type="text"/>	<input type="text"/>
Sortie	<input type="text"/>	<input type="text"/>
Sortie	<input type="text"/>	<input type="text"/>
Sortie	<input type="text"/>	<input type="text"/>
Sortie	<input type="text"/>	<input type="text"/>

Section III

 Reimburse to

 Region/Wing

(Optional) Wing Reimbursement Criteria (Select One)

 -

or

or

Charter (Wing-Unit)

Individual CAPID

Event/Vendor

Section IV

FI MI Last Name

 / /

Date Signed (MM/DD/YY)

Person Completing Form Signature

CAPID

 Phone Number () -

Section V

FI MI Last Name

 / /

Date Signed (MM/DD/YY)

Wing Approving Signature

CAPID

Persons completing & approving this form certify that expenses are a direct result of an authorized cadet orientation flight and that the claim is true and correct.

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Worksheet

Corporate (1)

Non CAP

Total Flight Time (Includes Ferry Time) .

Tow Charge \$.

x CAPR 173-3 Rate (2) \$.

Sub Total \$.

+ Fuel/Oil Receipts \$.

Total \$.

Note (1)

These rates apply to corporate owned aircraft. See CAPR 173-3, Attachment 1, for details about member-furnished aircraft reimbursement rates.

Note (2)

Some states may have a cost of living offset. See CAPR 173-3, Attachment 1, for details.

CAPF 7T Abbreviated Instructions:

1. The pilot, or the squadron commander, fills out this form.
2. The squadron forwards this form, with any receipts, to the wing headquarters for auditing.
3. The wing mails a copy of the signed forms, without any receipts, to National Headquarters for reimbursement. The original form and receipts stay at wing IAW CAPR 173-3 and CAPR 10-2 rules.
4. National sends the wing a consolidated reimbursement.
5. The wing processes the reimbursements.

*See CAPP 52-7 for instructions on how to fill out this form.

FOR CAP-USAF USE ONLY

Printed/Typed Name, Office Symbol

Signature, Date Reviewed

CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM.

"THE CLAIMANT SHALL FORFEIT AND PAY TO THE UNITED STATES THE SUM OF FIVE TO TEN THOUSAND DOLLARS PLUS THREE TIMES THE AMOUNT OF DAMAGES SUSTAINED BY THE UNITED STATES." (SEE 31 U.S.C. 3729) (APPLICABLE TO ALL SIGNATORIES)

CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM.

"FINE OF NOT MORE THAN TEN THOUSAND DOLLARS OR NOT MORE THAN FIVE YEARS IN PRISON OR BOTH." (SEE 18 U.S.C. 287)
(APPLICABLE TO ALL SIGNATORIES)

